

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	6,309,002
	Issued Date	October 30, 2001
	First Named Inventor	Vernon J. Bouligny
	Art Unit	2167
	Examiner Name	D. J. Kramer
	Attorney Docket Number	21939-P007US

I hereby revoke all previous powers of attorney given in the above-identified application.			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 75548 </div> <div style="width: 50%;"></div> </div>			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 75548 </div> <div style="width: 50%;"></div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Firm or Individual Name </div> <div style="width: 80%;"> WINSTEAD PC Ross T. Robinson </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Address</div> <div style="width: 80%;">P.O. Box 50784</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">City</div> <div style="width: 80%;">Dallas</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Country</div> <div style="width: 20%;">US</div> <div style="width: 10%;">State</div> <div style="width: 20%;">TX</div> <div style="width: 10%;">Zip</div> <div style="width: 20%;">75201</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Telephone</div> <div style="width: 20%;">(214) 745-5400</div> <div style="width: 10%;">Email</div> <div style="width: 30%;"></div> </div>			
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
SIGNATURE of Applicant or Assignee of Record			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Signature</div> <div style="width: 80%;"> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Name</div> <div style="width: 80%;">Scott Simmons</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Date</div> <div style="width: 30%;">12-30-09</div> <div style="width: 20%;">Telephone</div> <div style="width: 30%;">281-966-7308</div> </div>			
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small>			
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: <u>12-31-09</u>	Electronic Signature for Brenda I. Brown: /Brenda I. Brown/